

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

27

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE MR. FIRST JAN MI H
NICKNAME LAST SUFFIX

Thompson

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

PO BOX 12401
SAN ANTONIO, TX 78212

5 CAMPAIGN
TREASURER
NAME

TITLE MS. FIRST ADELA MI M
NICKNAME LAST SUFFIX

MARTINEZ

OFFICE USE ONLY

Date Received

Date Hand-delivered or by Postmark

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

410 FLORIDA ST.
SAN ANTONIO, TX. 78210

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 392-5097

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

01 / 01 / 2003. THROUGH 03 / 24 / 2003

10 ELECTION

ELECTION DATE
Month Day Year

05 / 03 / 03

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

DISTRICT ONE, CITY COUNCIL

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

2003 APR -3 PM 3:08

14 C/OH NAME JON H. THOMPSON 15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

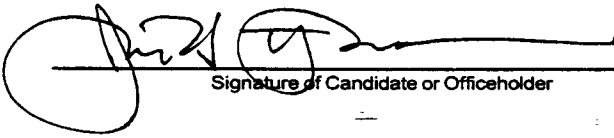
17 NO REPORTABLE ACTIVITY


☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7405. ⁰⁰ / ₂
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,152.14
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon Thompson, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

Melinda S. Lopez Melinda S. Lopez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 P 3:06

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

JAN
18, 2003

5 Full name of contributor

Annalisa PEACE

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

247 ARMY
SAN ANTONIO, TX. 78215

7 Amount of
contribution (\$)

75.⁰⁰/₂

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

JAN
25, 2003

Full name of contributor

GEORGE RICE

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

414 E. FRENCH PLACE
SAN ANTONIO, TX. 78212

Amount of
contribution (\$)

100.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
5, 2003

Full name of contributor

John B. Hertz

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

PO BOX 21862
SAN JUAN, PR 00931

Amount of
contribution (\$)

250.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
5, 2003

Full name of contributor

WAYNE STEVENSON THOMAS
BRANDYN E THOMAS

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

712 FURR DR.
SAN ANTONIO, TEXAS. 78201

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



175

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR - 3 P 3:06

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1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

 Feb.
6, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

 Stephen P. Amburg
Anne M. Sullivan

6 Contributor address: City: State: Zip Code

 202 Claywell DR.
Alamo Heights, TX. 78209

 7 Amount of
contribution (\$)

 100.⁰⁰/₂

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

 Feb.
8, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

 JACK VEXLER
BETTE VEXLER

Contributor address: City: State: Zip Code

 201 CHARLES RD.
SAN ANTONIO, TX. 78209

 Amount of
contribution (\$)

 275.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
11, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

 MARTIN F. KUSHNER OR
FREDERICA P. KUSHNER

Contributor address: City: State: Zip Code

 405 E. MYRTLE
SAN ANTONIO, TX 78212

 Amount of
contribution (\$)

 200.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
11, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

 RICHARD TANGUM.
MAGGIE VALENTINE

Contributor address: City: State: Zip Code

 2802 LITTLE JOHN
SAN ANTONIO, TX 78209

 Amount of
contribution (\$)

 100.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
17, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

ALICIA C. TREVINO, AIA

Contributor address: City: State: Zip Code

 260 Cliffside
SAN ANTONIO, TX. 78231

 Amount of
contribution (\$)

 30.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE A1

 FOR C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 13 2:30 PM

Total pages till Schedule A1: 14

2 FILER NAME

JON H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

 Feb.
17, 2003

5 Full name of contributor
☐ out-of-state PAC (ID#)

JOHN S. MAC CORMACK

6 Contributor address; City; State; Zip Code

 8631 POST OAK LANE
SAN ANTONIO, TX. 78217

**7 Amount of
contribution (\$)**

 50.⁰⁰/₂
**8 In-kind contribution
description (if applicable)**
9 Principal occupation (Optional)
10 Employer (Optional)
Date

 Feb.
17, 2003

Full name of contributor
☐ out-of-state PAC (ID#)

MORGAN PRICE

Contributor address; City; State; Zip Code

 227 PERSHING
SAN ANTONIO, TX. 78209

**Amount of
contribution (\$)**

 250.⁰⁰/₂
**In-kind contribution
description (if applicable)**
Principal occupation (Optional)
Employer (Optional)
Date

 Feb.
18, 2003

Full name of contributor
☐ out-of-state PAC (ID#)

STEPHEN COLLEY

Contributor address; City; State; Zip Code

 519 ARTEMIS DR.
SAN ANTONIO, TX. 78218

**Amount of
contribution (\$)**

 10.⁰⁰/₂
**In-kind contribution
description (if applicable)**
Principal occupation (Optional)
Employer (Optional)
Date

 Feb.
18, 2003

Full name of contributor
☐ out-of-state PAC (ID#)

JANET THOMPSON MASTERS

Contributor address; City; State; Zip Code

 4622 LAKEVIEW DRIVE
AUSTIN, TX. 78731

**Amount of
contribution (\$)**

 500.⁰⁰/₂
**In-kind contribution
description (if applicable)**
Principal occupation (Optional)
Employer (Optional)
Date

 Feb.
18, 2003

Full name of contributor
☐ out-of-state PAC (ID#)

MARIA A. RUIZ

Contributor address; City; State; Zip Code

 502 E. EVERGREEN ST.
SAN ANTONIO, TX. 78212

**Amount of
contribution (\$)**

 100.⁰⁰/₂
**In-kind contribution
description (if applicable)**
Principal occupation (Optional)
Employer (Optional)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 P 3:07

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

 Feb.
18, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

 JOE SIMPSON
DIANNE R. SIMPSON

6 Contributor address; City; State; Zip Code

 459 Fuhr Dr
SAN ANTONIO, TX 78201

 7 Amount of
contribution (\$)

 50.⁰⁰/₂

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

 Feb.
19, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

BANKS M. SMITH

Contributor address; City; State; Zip Code

 112 E PECAN ST. 30TH FLR
SAN ANTONIO, TX 78205

 Amount of
contribution (\$)

 50.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
19, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN A. LARRALDE

Contributor address; City; State; Zip Code

 413 SAGECREST DRIVE
SAN ANTONIO, TX 78232

 Amount of
contribution (\$)

 100.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
19, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

RITA FREITAS BURNSIDE

Contributor address; City; State; Zip Code

 6938 Forest Way St.
SAN ANTONIO, TX 78240

 Amount of
contribution (\$)

 25.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

 Feb.
19, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

LUIS A. ELIZONDO

Contributor address; City; State; Zip Code

 510 PASCHAL ST.
SAN ANTONIO, TX 78212

 Amount of
contribution (\$)

 500.⁰⁰/₂

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 APR -3

1 Total pages this Schedule A1:

P 3:07

14

2 FILER NAME

JON H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb.
19, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)REALMASTERS
DELA SANCHEZ REALTY

6 Contributor address; City; State; Zip Code

510 PASCHAL
SAN ANTONIO, TX. 782127 Amount of
contribution (\$)500.⁰⁰/₂8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb.
20, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

R. JEFF MACIAS

Contributor address; City; State; Zip Code

510 E. DENTY PLACE
SAN ANTONIO, TX. 78212Amount of
contribution (\$)20.⁰⁰/₂In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
20, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

DORIS S. JOHNSTON

Contributor address; City; State; Zip Code

158 GREENHILL PASS
SAN ANTONIO, TX. 78213Amount of
contribution (\$)20.⁰⁰/₂In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
20, 2003

Full name of contributor

☐ out-of-state PAC (ID#)BILLIE B. JORDAN
OR HILARIE DZIANOTT

Contributor address; City; State; Zip Code

1645 GREENS WAY CT NE
CEDAR RAPIDS, IA 52402Amount of
contribution (\$)25.⁰⁰/₂In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
20, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

MR OR MRS RICHARD EW. ADAMS

Contributor address; City; State; Zip Code

14070 MINT TRAIL
SAN ANTONIO, TX 78232Amount of
contribution (\$)35.⁰⁰/₂In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 APR -3 P 3:07

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1 Total pages this Schedule A1:

14

2 FILER NAME

JON H THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb.

20, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

HERBERT C. BARTLING

6 Contributor address; City; State; Zip Code

1610 THRUSH COURT CIR.
 SAN ANTONIO, TX 78248

7 Amount of contribution (\$)

100.⁰⁰/₂

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb.

21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

MARIO I VALENCIA
 ANITA E VALENCIA

Contributor address; City; State; Zip Code

2025 W. FRENCH PL
 SAN ANTONIO, TX. 78201

Amount of contribution (\$)

20.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.

21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES W. DONOVAN
 WANISA M. DONOVAN

Contributor address; City; State; Zip Code

139 1/2 TERRELL RD.
 SAN ANTONIO, TX 78209

Amount of contribution (\$)

20.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.

21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

H L VILLAREAL
 CITRIS TEL VILLAREAL

Contributor address; City; State; Zip Code

162 HARCOURT
 SAN ANTONIO, TX 78223

Amount of contribution (\$)

25.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.

21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

IRENE T. (MIMI) QUIN TANILLA

Contributor address; City; State; Zip Code

150 OSTROM DR.
 SAN ANTONIO, TX 78212

Amount of contribution (\$)

100.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO SCHEDULE A1
CITY CLERK FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:07
1 Total pages this Schedule A1: 14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb.
22, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN P. OR THERESA GIOIA

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

344 FUNSTON PLACE
SAN ANTONIO, TX. 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb.
22, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM D. DUVALL

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11507 WHISPER BREEZE
SAN ANTONIO, TX. 78230

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
24, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

LAW OFFICE OF DABBY RILEY

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

320 LEXINGTON AVE
SAN ANTONIO, TX. 78215

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
24, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

LEE G. DODGE

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7315 WHITTERS LANE
SAN ANTONIO, TX. 78240

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
14, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

ADILA M. MARTINEZ
JOSE ZAPATA MARTINEZ

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO BOX 12774
SAN ANTONIO, TX. 78212

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 APR -3 P 3:07

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1 Total pages this Schedule A1: 14

2 FILER NAME

JON. H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb.
23, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT L. CARDINALE
PATRICIA J. CARDINALE

6 Contributor address; City; State; Zip Code

2990 SENDA DEL PUERTO
SANTA FE, NM 87505

7 Amount of
contribution (\$)

50.⁰⁰/₂

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb.
24, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Philip T. McGowan.

Contributor address; City; State; Zip Code

319 BASIN DR.
SAN ANTONIO, TX 78216

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
25, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

LEWIS F. OR MARY M FISHER

Contributor address; City; State; Zip Code

301 ULAE LANE
SAN ANTONIO, TX. 78209

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
27, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD MDGAS + ASSOCIATES INC.

Contributor address; City; State; Zip Code

317 LEXINGTON STE 4
SAN ANTONIO, TX. 78215

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
27, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

BILL F. COGBURN
ROSELYN R. COGBURN

Contributor address; City; State; Zip Code

528 KING WILLIAM ST.
SAN ANTONIO, TX. 78204

Amount of
contribution (\$)

25.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 P 3:01

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1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb.
27, 2003

5 Full name of contributor

JAMES E. SMITH, JR.

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

50.⁰⁰/₂

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

103 ARMOUR PL.
SAN ANTONIO, TX. 78212

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb.
27, 2003

Full name of contributor

ALLEN TOWNSEND
DIANE J. LANG

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

143 WALTON AVE
SAN ANTONIO, TX. 78225

Amount of contribution (\$)

100.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb.
28, 2003

Full name of contributor

BENJAMIN S. BRADSHAW
MARY W. BRADSHAW

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

23920 N. LINE CAMP
SAN ANTONIO, TX. 78255

Amount of contribution (\$)

25.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
1, 2003

Full name of contributor

PINATAS Y MAS - PINATALAND

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1706 S. PRESA
SAN ANTONIO, TX. 78210

Amount of contribution (\$)

30.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
1, 2003

Full name of contributor

WILLIAM T. RUBIN
SUSAN L. RUBIN

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6618 WHITE PINE DRIVE
BRIGHTON, MI 48116

Amount of contribution (\$)

50.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**2003 APR -3 P 3:04
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 14	
2 FILER NAME JON H. THOMPSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date MAR. 1, 2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREW K. DIEHL NANCY S. DIEHL 6 Contributor address; City; State; Zip Code 306 CANTERBURY HILL SAN ANTONIO, TX 78209	7 Amount of contribution (\$) 100. ⁰⁰ / ₂	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date MAR. 3, 2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEWIS M. ROSENTHAL DIANA S. RUSHING Contributor address; City; State; Zip Code 1400 W. 10th St. AUSTIN, TX 78703	Amount of contribution (\$) 20. ⁰⁰ / ₂	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date MAR. 3, 2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA PRATCHETT CAVAZOS Contributor address; City; State; Zip Code 2235 W. KINGS HWY SAN ANTONIO, TX 78201	Amount of contribution (\$) 25. ⁰⁰ / ₂	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date MAR. 3, 2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CENTRO PROPERTIES Contributor address; City; State; Zip Code 105 N. ALAMO, STE 213 SAN ANTONIO, TX 78205	Amount of contribution (\$) 50. ⁰⁰ / ₂	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date MAR. 4, 2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NANCY H. LEAKE Contributor address; City; State; Zip Code 736 CLAUDIA SAN ANTONIO, TX 78210	Amount of contribution (\$) 70. ⁰⁰ / ₂	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2003 APR -3 P 3:07

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR.
6, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#:

DAN E. OR D. DANIEL THOMPSON

7 Amount of
contribution (\$)

400.⁰⁰/₂

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

5602 CAPRICE DR.
AUSTIN, TX. 78731

9 Principal occupation (Optional)

10 Employer (Optional)

Date

MAR
6, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

MARTHA CLIFTON MCNEEL

Amount of
contribution (\$)

100.⁰⁰/₂

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

107 MAGNOLIA DR.
SAN ANTONIO, TX. 78212

Principal occupation (Optional)

Employer (Optional)

Date

MAR
7, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

MR. JOSEPH PAGLIARA

Amount of
contribution (\$)

25.⁰⁰/₂

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5942 LITTLE BRANDYWINE CREEK
SAN ANTONIO, TX. 78233

Principal occupation (Optional)

Employer (Optional)

Date

MAR
7, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

MARGIE M. SHACKELFORD
ALEX CARAGONNE

Amount of
contribution (\$)

250.⁰⁰/₂

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

118 BLUE STAR NO. 2
SAN ANTONIO, TX. 78204

Principal occupation (Optional)

Employer (Optional)

Date

MAR
7, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

EDWARD D. DINGIVAN
JANE K. DINGIVAN

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

412 HARRISON AVE
SAN ANTONIO, TX. 78209

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2003 APR -3 P 3:01

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR.
8, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#:

KATHLEEN F. SOMMERS

6 Contributor address; City; State; Zip Code

523 E. CRAIG
SAN ANTONIO, TX. 78212

7 Amount of
contribution (\$)

25.⁰⁰/₂

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

MAR
8, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

FRED E. DIAZ
MARY JANE N. DIAZ.

Contributor address; City; State; Zip Code

338 E. CRAIG
SAN ANTONIO, TX. 78212

Amount of
contribution (\$)

25.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR.
10, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

MELISSA MILLER

Contributor address; City; State; Zip Code

326 Dewey Pl.
SAN ANTONIO, TX. 78212

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
10, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

ROGER H. SHERMAN
PHYLLIS H. SHERMAN

Contributor address; City; State; Zip Code

219 E. Guenther St.
SAN ANTONIO, TX. 78204

Amount of
contribution (\$)

500.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR.
11, 2003

Full name of contributor

☐ out-of-state PAC (ID#:

STANLEY C OR ELIZABETH A. DAVIES

Contributor address; City; State; Zip Code

916 W. MISTLETOE
SAN ANTONIO, TX. 78201

Amount of
contribution (\$)

100.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR
12, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. SIDNEY J FRANCIS II

6 Contributor address; City; State; Zip Code

112 KING WILLIAM
SAN ANTONIO, TX 78204

7 Amount of
contribution (\$)

100.⁰⁰/₂

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

MAR
13, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

ALLEN TOWNSEND or Dianne LANG

Contributor address; City; State; Zip Code

143 Walton AVE
SAN ANTONIO, TX 78225

Amount of
contribution (\$)

100.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
13, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

MARY ANN OHLERBUSCH

Contributor address; City; State; Zip Code

243 Madison ST.
SAN ANTONIO, TX 78204

Amount of
contribution (\$)

500.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
17, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

P. F. LIFE

Contributor address; City; State; Zip Code

1020 15TH STREET
DENVER, CO. 80202

Amount of
contribution (\$)

50.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAR
18, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

ANN V. KINSER

Contributor address; City; State; Zip Code

8039 Callaghan RD.
SAN ANTONIO, TX 78230

Amount of
contribution (\$)

100.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
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CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

P 3.01 Total pages this Schedule A1:

14

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR
18, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL MEHL

7 Amount of contribution (\$)

100.⁰⁰/₂

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8039 CALLAGHAN Rd No. 609
SAN ANTONIO, TX. 78230

9 Principal occupation (Optional)

10 Employer (Optional)

Date

MAR
18, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

DARRYL OHLENBUSCH

Amount of contribution (\$)

75.⁰⁰/₂

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

612 Labor St.
SAN ANTONIO, TX. 78210

Principal occupation (Optional)

Employer (Optional)

Date

MAR
21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES PETERSON

Amount of contribution (\$)

30.⁰⁰/₂

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4007 Enchanted Sun
SAN ANTONIO, TX. 78244

Principal occupation (Optional)

Employer (Optional)

Date

MAR
23, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES SCHUBERT

Amount of contribution (\$)

100.⁰⁰/₂

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

516 E. GUENTHER
SAN ANTONIO, TX. 78210

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

DS.

POLITICAL EXPENDITURES

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CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:07

Total pages Schedule F: 7

2 FILER NAME JON H. Thompson.		3 ACCOUNT # (Ethics Commission filers)	
4 Date JAN 7, 2003	5 Payee name Robert Tatum Studio 6 Payee address; City; State; Zip Code 811 S. FLORES SAN ANTONIO, TEXAS. 78204.	7 Amount (\$) 600.00	
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WEB GRAPHICS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
4 Date JAN 9, 2003	5 Payee name DIALOG SYSTEMS 6 Payee address; City; State; Zip Code 1106 BLANCO SAN ANTONIO 78212	7 Amount (\$) 500.00	
8 Purpose of payment (See instructions regarding type of information required.) VOTER DATA.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
4 Date JAN. 22, 2003	5 Payee name ROBERT TATUM. 6 Payee address; City; State; Zip Code 811 S. FLORES SAN ANTONIO, TEXAS. 78204.	7 Amount (\$) 200.00	
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WEB PAGE.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
4 Date Feb. 17, 2003	5 Payee name Allied Advertising 6 Payee address; City; State; Zip Code 3700 Blanco Road SAN ANTONIO, TEXAS 78212	7 Amount (\$) 210.00	
8 Purpose of payment (See instructions regarding type of information required.) SIGNS.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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100.

POLITICAL EXPENDITURES		<div style="display: inline-block; text-align: left;"> RECEIVED CITY OF SAN ANTONIO CITY CLERK </div> <div style="display: inline-block; text-align: right;"> SCHEDULE F </div>	
The INSTRUCTION GUIDE explains how to complete this form.		<div style="text-align: right;">2003 APR - 3 P 3:01</div> <div>1 Total pages Schedule F: 7</div>	
2 FILER NAME JON H. THOMPSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date Feb. 15, 2003	5 Payee name LETICIA VELA	7 Amount (\$) 37.76	
6 Payee address; City; State; Zip Code 615 W. LYNWOOD SAN ANTONIO, TX. 78212.			
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - COPIES		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date Feb. 20, 2003	Payee name LETICIA VELA	Amount (\$) 50.00	
Payee address; City; State; Zip Code 615 W. LYNWOOD SAN ANTONIO, TX. 78212			
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - VOLUNTEER BREAKFAST / SUPPLIES / COPIES.		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date Feb. 20, 2003	Payee name LETICIA VELA	Amount (\$) 50.00	
Payee address; City; State; Zip Code 615 W. LYNWOOD SAN ANTONIO, TEXAS. 78212			
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - CROCKETT PARK DRINKS / INVITATIONS.		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date Feb. 20, 2003	Payee name POSTMASTER	Amount (\$) 74.00	
Payee address; City; State; Zip Code LAUREL HEIGHTS SAN ANTONIO, TX. 78212			
Purpose of payment (See instructions regarding type of information required.) STAMPS.		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

2003 APR -3 P 3:07

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7

2 FILER NAME

Jon H. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Feb.
25, 2003

Leticia Vela

6 Payee address: City: State: Zip Code

615 W. LYNWOOD

SAN ANTONIO, TX.

78212

400.⁰⁰/₂

8 Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Feb.
25, 2003

Postmaster

Payee address: City: State: Zip Code

MAIN POST OFFICE - JONES MALL
SAN ANTONIO, TX.300.⁰⁰/₂

Purpose of payment (See instructions regarding type of information required.)

POSTAGE PERMIT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Feb.
25, 2003

Postmaster

Payee address: City: State: Zip Code

MAIN POST OFFICE - JONES - MALL
SAN ANTONIO, TX.45.⁰⁰/₂

Purpose of payment (See instructions regarding type of information required.)

POSTAGE - BULK

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

MAR.
1, 2003

DIPPIN' DONUTS

Payee address: City: State: Zip Code

1032 S. ST. MARY'S

SAN ANTONIO, TEXAS

78205

29.⁰⁰/₂

Purpose of payment (See instructions regarding type of information required.)

VOLUNTEER BREAKFAST.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

2003 APR -3 P 3:01

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

7

2 FILER NAME

JON H. Thompson.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

MAR,
3, 2003

Leticia Vela

6 Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS 78212

400.⁰⁰/₂

8 Purpose of payment (See instructions regarding type of information required.)

LABOR CONTRACT.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

MAR,
3, 2003

Leticia Vela.

Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS 78212

50.⁰⁰/₂

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT - SUPPLIES,
PRINTING.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

MAR
3, 2003

Kwik Kopy

Payee address; City; State; Zip Code

1023 N. MAIN AVE
SAN ANTONIO, TEXAS 78212

97.18

Purpose of payment (See instructions regarding type of information required.)

COPIES - INVITATIONS.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

MAR
7, 2003

Joseph's Bakery

Payee address; City; State; Zip Code

3420 N. ST. MARY'S
SAN ANTONIO, TEXAS 78212.

21.72

Purpose of payment (See instructions regarding type of information required.)

VOLUNTEER BREAKFAST.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

568.90

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POLITICAL EXPENDITURES

2003 APR -3 P 3:07

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

7

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR

9, 2003

5 Payee name

Leticia VELA

6 Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS, 78212

7 Amount (\$)

400.00

8 Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

MAR

9, 2003

Payee name

Leticia VELA

Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS, 78212

Amount (\$)

37.16

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT - COPIES,
STAMPS (KINKO'S, ALPHAGRAPHICS)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

MAR

13, 2003

Payee name

Leticia VELA

Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS 78212

Amount (\$)

131.59

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT - PRECINCT WALK
LISTS, COPIES, BULK POSTAGE.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

MAR,

13, 2003

Payee name

Leticia VELA

Payee address; City; State; Zip Code

615 W. LYNWOOD
SAN ANTONIO, TEXAS 78212

Amount (\$)

49.18

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT - SUPPLIES /
COPIES.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



67.93

POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:07
Page 3 of 3 Schedule F

2 FILER NAME JON H. THOMPSON		3 ACCOUNT # (Ethics Commission filers)
4 Date MAR. 15, 2003	5 Payee name MARIANO'S MEXICAN RESTAURANT	7 Amount (\$) 28.83
6 Payee address; City; State; Zip Code 6700 SAN PEDRO AVE SAN ANTONIO, TEXAS, 78216		
8 Purpose of payment (See instructions regarding type of information required.) VOLUNTEER BREAKFAST.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date MAR 15, 2003	Payee name LETICIA VELA	Amount (\$) 800.00
Payee address; City; State; Zip Code 615 W. LYNWOOD SAN ANTONIO, TEXAS. 78212		
Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date MAR 18, 2003	Payee name KWIK KOPY	Amount (\$) 77.77
Payee address; City; State; Zip Code 1023 N. MAIN AVE SAN ANTONIO, TEXAS. 78212.		
Purpose of payment (See instructions regarding type of information required.) COPIES.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date MAR. 22, 2003	Payee name MARIANO'S MEXICAN RESTAURANT.	Amount (\$) 50.00
Payee address; City; State; Zip Code 6700 SAN PEDRO AVE. SAN ANTONIO, TEXAS. 78216.		
Purpose of payment (See instructions regarding type of information required.) VOLUNTEER BREAKFAST.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

786.60

POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The instruction Guide explains how to complete this form.

2003 APR -3 P 3 07

1 Total pages Schedule F:

7

2 FILER NAME

JOH H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR
24, 2003.

5 Payee name

JOH THOMPSON

7 Amount
(\$)

339.23

6 Payee address; City; State; Zip Code

215 EAST PARK AVENUE
SAN ANTONIO, TEXAS, 78212

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT - 2/10/03 - 3/24/03
lunches, dinners, supplies, copies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held:

Date

MAR.
24, 2003

Payee name

Kathleen Trenchard

Amount
(\$)

9.06

Payee address; City; State; Zip Code

215 EAST PARK AVENUE
SAN ANTONIO, TEXAS, 78212

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT -
COPIES - KINKO'S.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held:

Date

JAN
15, 2003.

Payee name

CLARKE AMERICAN

Amount
(\$)

33.81

Payee address; City; State; Zip Code

PO BOX 1356
SAN ANTONIO, TEXAS, 78212.

Purpose of payment (See instructions regarding type of information required.)

CHECKBOOK - CAMPAIGN ACCOUNT.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held:

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held:

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382.10

300.85

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE G
2003 APR - 3 P 3-07

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

**JAN.
22, 2003**

5 Payee name

BENDON PHOTOGRAPHY

6 Payee address: City: State: Zip Code

**733 S. ALAMO
SAN ANTONIO, TX. 78205**

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN PHOTO

 8 Amount (\$)

221.14
☒ Reimbursement from political contributions intended

Date

**JAN
31, 2003**

Payee name

IDEAS UNLIMITED

Payee address: City: State: Zip Code

**5213 BANDERA ROAD
SAN ANTONIO, TEXAS. 78238**

Purpose of expenditure (See instructions regarding type of information required.)

SIGNS

 Amount (\$)

907.54
☒ Reimbursement from political contributions intended

Date

**Feb.
4, 2003**

Payee name

THE SOUTHWELL CO.

Payee address: City: State: Zip Code

**928 N. ALAMO BOX 299
SAN ANTONIO, TEXAS. 78291**

Purpose of expenditure (See instructions regarding type of information required.)

STAMPS

 Amount (\$)

42.94
☒ Reimbursement from political contributions intended

Date

**Feb.
14, 2003**

Payee name

KINKO'S

Payee address: City: State: Zip Code

**4418 BROADWAY
SAN ANTONIO, TEXAS 78209**

Purpose of expenditure (See instructions regarding type of information required.)

PAPER + COPIES

 Amount (\$)

1166.13
☒ Reimbursement from political contributions intended

Date

**Feb.
24, 2003**

Payee name

THE HOME DEPOT

Payee address: City: State: Zip Code

**435 Sunset ROAD, WEST
SAN ANTONIO, TEXAS. 78209**

Purpose of expenditure (See instructions regarding type of information required.)

SUPPLIES

 Amount (\$)

49.98
☒ Reimbursement from political contributions intended

1387.33

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE G
2003 APR -3 P 3:01

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4

2 FILER NAME

Jon H. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

**Jan.
31, 2003.**

5 Payee name

VOICES OF ART.

6 Payee address; City; State; Zip Code

**715 CAMDEN
SAN ANTONIO, TEXAS. 78215**

 8 Amount (\$)
300.⁰⁰/₂

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN AD.
☒ Reimbursement from political contributions intended

Date

**Feb.
2, 2003**

Payee name

Leticia Vela

Payee address; City; State; Zip Code

**615 W. LYNWOOD
SAN ANTONIO, TEXAS. 78212**

 Amount (\$)
200.⁰⁰/₂

Purpose of expenditure (See instructions regarding type of information required.)

LABOR CONTRACT.
☒ Reimbursement from political contributions intended

Date

**Feb.
4, 2003**

Payee name

ROBERT TATUM.

Payee address; City; State; Zip Code

**811 S. FLORES.
SAN ANTONIO, TEXAS. 78204.**

 Amount (\$)
100.⁰⁰/₂

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN GRAPHICS.
☒ Reimbursement from political contributions intended

Date

**Feb.
4, 2003**

Payee name

DANNY STIPP.

Payee address; City; State; Zip Code

**811 S. FLORES
SAN ANTONIO, TEXAS. 78204.**

 Amount (\$)
200.⁰⁰/₂

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN WEB DESIGN.
☒ Reimbursement from political contributions intended

Date

**Feb.
12, 2003**

Payee name

Leticia Vela

Payee address; City; State; Zip Code

**615 W. LYNWOOD.
SAN ANTONIO, TEXAS. 78212**

 Amount (\$)
400.⁰⁰/₂

Purpose of expenditure (See instructions regarding type of information required.)

CONTRACT LABOR
☒ Reimbursement from political contributions intended

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200.

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

2003 APR -3 P 3:07

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME JON H. THOMPSON.		3 ACCOUNT # (Ethics Commission filers)
4 Date Feb. 21, 2003	5 Payee name ACE BOLT + SCREEN CO. 6 Payee address; City; State; Zip Code 200 BROOKLYN AVE SAN ANTONIO, TEXAS 78215 7 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES	8 Amount (\$) 20.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Feb. 24, 2003	Payee name ALLIED COMMERCIAL SCREEN PRINTING + SIGNS. Payee address; City; State; Zip Code 3700 BLANCO RD. SAN ANTONIO, TEXAS 78212 Purpose of expenditure (See instructions regarding type of information required.) SIGNS	Amount (\$) 243.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Feb. 22, 2003	Payee name MICRO SPECIALISTS 2000, LLC Payee address; City; State; Zip Code 42 BARCHESTER DRIVE SAN ANTONIO, TEXAS 78216 Purpose of expenditure (See instructions regarding type of information required.) COMPUTER SERVICES	Amount (\$) 91.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Feb. 28, 2003	Payee name LAUREL HEIGHTS POST OFFICE Payee address; City; State; Zip Code SAN ANTONIO, TEXAS 78212 Purpose of expenditure (See instructions regarding type of information required.) STAMPS.	Amount (\$) 26.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date MAR. 7, 2003	Payee name IDEAS UNLIMITED Payee address; City; State; Zip Code 5213 BANDERA ROAD SAN ANTONIO, TEXAS 78238 Purpose of expenditure (See instructions regarding type of information required.) SIGNS.	Amount (\$) 712.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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1094.45

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

Total pages Schedule G: 4

2 FILER NAME

JEN H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAR.
19, 2003

5 Payee name

GREATER SAN ANTONIO CHAMBER OF COMMERCE

6 Payee address; City; State; Zip Code

602 E. COMMERCE ST.
SAN ANTONIO, TEXAS. 78296

8 Amount (\$)

20.00

7 Purpose of expenditure (See instructions regarding type of information required.)

BREAKFAST MEETING

☒ Reimbursement
from political
contributions
intended

Date

MAR.
24, 2003

Payee name

4 BY 6.COM

Payee address; City; State; Zip Code

527 23RD AVE. Suite 120
OAKLAND, CA. 94606

Amount (\$)

398.47

Purpose of expenditure (See instructions regarding type of information required.)

FUNDRAISER IMITATIONS.

☒ Reimbursement
from political
contributions
intended

Date

1/6/
6, 2003

Payee name

JEN THOMPSON CAMPAIGN

Payee address; City; State; Zip Code

PO BOX 12401
SAN ANTONIO, TEXAS. 78212

Amount (\$)

2005.00

Purpose of expenditure (See instructions regarding type of information required.)

DON TO CAMPAIGN - DEPOSIT. CC ACCT.

☒ Reimbursement
from political
contributions
intended

Date

Feb.
13, 2003

Payee name

CITY OF SAN ANTONIO

Payee address; City; State; Zip Code

3810 N. ST. MARY'S ST.
SAN ANTONIO, TEXAS.

Amount (\$)

25.00

Purpose of expenditure (See instructions regarding type of information required.)

PARK RESERVATION FEE

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

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